

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt™
 (Endorsement Pr _____)

Restrict+
 (Enr+ _____)

St. _____
 Street
 or PO. _____
 City, State _____

003220

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 3244 2683

**MERCEDES BENZ OF OAKLAND/
 EURO MOTORS OAKLAND, INC.
 2915 BROADWAY
 OAKLAND, CA 94611**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	C. Date of Delivery <u>7/6/16</u>
<p>MERCEDES BENZ OF OAKLAND/ EURO MOTORS OAKLAND, INC. 2915 BROADWAY OAKLAND, CA 94611</p>	B. Received by (Printed Name) _____	address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or delivery address below: _____
	<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<p>003220</p> <p>7014 2870 0001 3244 2683</p>	
PS Form 3814, July 2013 Domestic Return Receipt		